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CONFIRMATION NO. 2543

Bib Data Sheet

SERIAL NUMBER 10/647,627	FILING DATE 08/25/2003 RULE	CLASS 378	GROUP ART UNIT 2882	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****

NONE

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 11/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <u>ACH</u> Examiner's Signature Initials	FL	12	16	2

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TITLE

Attachable surgical table

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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